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THE ARMY MEDICAL STAFF.

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Concluded from page 366.

The subordinate condition of French medical officers can be best appreciated by reference to the organization of their Army Medical Department, and to their official position and relations when on duty in General Hospitals.

It is proper here to premise that such information as I possess in respect to the relations of the medical staff to the French military service, has been, from time to time, gathered from occasional publications. No continuous statement has met my eye. The semi-official work of Vauchelle comes down only to the year 1854.

By a royal ordinance of Louis Philippe, dated August 12th, 1836, prescribing the organization of the Medical Department of the French Army, and defining the functions of its officers, surgeons are placed under the orders of officers of all other branches of the service, and are at all times, denied the right to exercise military command over soldiers or inferiors. I am not aware that any material change has since been made in the organization, unless it be the increase of the number of Major-Surgeons, by promotion of Aide-Major-Surgeons, and the advance of the pay of the former, decreed by Louis Napoleon, April 23d, 1859.

The administration of the whole French army is, as we have seen, entrusted to a special corps, the *Intendance Militaire*, composed of officers appointed permanently to the corps from other arms of the service, and who fulfil the functions of officers of the Quartermaster, Subsistence and Medical Departments (excepting the treatment of disease and wounds,) in our own service. Each different branch of the *Intendance* is superintended by an officer whose rank is proportionate to the importance of the section over which he is set, and all its departments are presided over by an *Intendant en Chef*. The different branches of the *Intendance* remaining in activity in times of peace, the service is expensive and complicated, but the working of the whole is, with exception of the medical department, most effective in actual warfare. I have before alluded to the general efficiency of the army at the opening of the Crimean campaign, which demonstrated how well France is always prepared for sudden and brief emergencies, and how perfectly her arrangements are calculated for mobility. The branch of the *Intendance*, which constitutes the medical department, aims to be entirely self-sustaining, in a business point of view, and independent of administrative assistance from surgeons or physicians. The latter are regarded as essential auxiliaries of the French Medical Department, only when a prescription of medicine or diet is needed, or the performance of some surgical operation required. They cannot give a military command to the lowest inferior, except by the direct and immediate authority of some military officer.

It is a great and just cause of grievance with the medical officers, that in the *Intendance*, their profession is not represented by one of their own body, since the Minister of War directs the Medical Corps, through the officers of the *Intendance*, without the intervention of an officer assimilated to our Surgeon-General. A Council of Health, composed of senior medical officers, give opinions to the Minister of War, when desired, upon matters connected purely with "*the art of healing*," and maintain a professional correspondence with the chief medical officers of armies, corps of troops, and hospitals. Military Inspectors in the *Intendance* Corps, are called on to furnish comment upon fitness of medical officers for promotion or decoration. A General Hospital is managed solely by military officers, consisting of an *Intendant*, who is the supreme governing power within the establishment; a *Comptable*, entrusted with the internal management of the hospital and the custody of supplies; and subordinate assistants, corresponding to non-commissioned officers in the American service. The *Intendant* is required by the regulations, to enforce exactitude in the visits

of the medical officers to the sick, and to preserve good order and tranquility among surgeons, nurses, and patients. In the absence from the hospital of the *Intendant*, the *Comptable* governs, his acquaintance with business routine being his only qualification for such responsible command of officers and patients. For promotion in the medical corps, which is partly by selection, the initiative in cases of officers on duty in General Hospitals, rests with the *Intendant*, who presents the singular anomaly of recommending for advancement a surgeon of whose professional qualifications he can have no means of forming an accurate estimate, to a medical superior, who, in turn, lays the recommendation before a superior military officer, for reference to the Minister of War. The *Intendant* being the only lawful authority in the hospital, he may censure any medical officer, and place him in arrest. Medical officers may complain to him of the *Comptable*, or of subordinate administrative officers, but these complaints are not always attended to, and are not generally well received; but, on the contrary, if preferred too often, only render the medical officer obnoxious, and mark him as troublesome. Medical officers are not consulted in respect to the location, construction, cubic space and ventilation of hospitals, but these important matters are left to the *Intendant*, who by profession, knows nothing of the laws of hygeine. He mulcts the surgeon in the cost of any deviation from the established diet tables, and, strangely enough, can direct the apothecary to cast aside any prescription not strictly conformable, in name or contents, to the official formulary. The surgeon may represent the desirableness of suppressing noise or disturbances in or about his wards, separating one class of disease from another, renewing bedding, purifying a ward, or removing and punishing an inattentive or disobedient nurse, but can do neither of these things of his own motion. Such, in brief, is the French system! Can we wonder that French medical administration hopelessly broke down in the Crimea?

The personal privations to which French army surgeons have been subjected in the field by reason of absence of the assistance and protection conferred by the prerogatives of rank, are painfully described by Scrive, in his valuable work, which, it is to be regretted, has never been translated and republished in this country, who states that when he reached Gallipoli in 1854, he found twenty-seven medical officers lodged in a room but thirty-seven feet square, and from inability to obtain servants, as other officers had done from the ranks, they were obliged to cook their own meals, and even to groom their horses. This condition of things, so hazardous to the interests of the service, and so demoralizing to its officers, he was able to remedy only by appealing directly to the General Commanding.

It should be stated here, by way of parenthesis, that in the English army the regimental service for the sick has been held of chief importance. Under almost every circumstance the regimental surgeon obtained and kept charge of the sick or wounded of his regiment. He was responsible for their treatment, of which he reported directly to his own department. To him, also, belonged, in the first instance, to recommend patients for change of climate, and for invaliding. On the other hand, in the French army, the duties of the regimental surgeon are altogether subordinate to the ambulance hospital service. Although the regimental surgeon is of advanced rank, he examines the soldier of his regiment, who reports himself sick, only to determine whether the illness is feigned or slight; and, if the treatment be likely to require more than a few days attendance, the patient is sent elsewhere to obtain it. On the field, after an engagement, his professional duties are restricted *aux premiers secours*, which being given, the wounded of his regiment pass entirely from his observation. A remembrance of these facts, in connection with the high status of the English regimental surgeons, and the correspondingly low position of the French ambulance surgeons, will assist to explain why, in the latter part of the Eastern campaign, the British army flourished in health, while the French wasted from disease.

In the year 1848, a promising but deceptive future dawned upon the medical corps of the French army, in an effort to elevate the medical staff to a position of respect and authority, such as it then enjoyed in the United States. On May 3d, of that year, the Provisional Government decreed a material improvement in the official status of the army surgeons. This decree rendered necessary a new code of medical regulations, which the commission charged with their preparation, submitted to the Minister of War, for approval, in September, 1848. It became necessary, however, for the latter to give them much consideration, in order to reconcile them with conflicting regulations of other branches of the service, and during the time which thus elapsed, the Legislative Assembly returned, without adoption, the entire decree of May 3d to the Council of State. Other attempts were subsequently made to ameliorate the condition of army surgeons, but with no successful results, new incidents constantly complicating the matter.

Under the Presidency of Louis Napoleon, his Minister of War, Marshal St. Arnaud, with the view, as he stated, to relieve the surgeons from their anomalous position, caused their official relation to the rest of the service to be examined, in order to reach a satisfactory and definite determination. The plan of reorganization of the medical corps, which was the result of this investigation, meeting with the opposition of the Council of Health, the Minister of War decided to attempt a reconciliation of divergent opinions by referring the matter to a commission of officers high in rank, who animated, it were hoped, by no *esprit de corps*, would act for the best interests of the whole service.

The new commission, presided over by Vaillant, who became subsequently Minister of War, made the extraordinary decision that the decree of 1848, upon which officers of the medical corps had founded hopes of emancipation, was of revolutionary origin, having had birth in one of those epochs "when the institutions of sound government became shaken, and authority weakened and enervated." They reported with reference to the bestowal of assimilated rank upon medical officers, that the commission approved the senti-

ments expressed in Article III. of the Ordinance of August 12th, 1836, which placed them under the orders of officers of all other departments. The recommendations of the commission were approved by the Minister of War, and resulted in the Decree of March 23d, 1852, which was substantially a repetition of the Royal Ordinance of 1836.

At the close of the Crimean war, however, the sad experience of the French medical corps, which had lost nearly a hundred of its members by death during the campaign, created such a feeling of dissatisfaction and discouragement as to lead to further thinning of its numbers by resignations; and the frightful loss of life among the rank and file of the army compelled the Minister of War to revise his opinions as previously expressed, and to conclude that between the conceived evil of granting increased authority and consideration to surgeons, and the one of being stripped of competent medical officers altogether, and leaving the army an undefended victim of disease, the former was immeasurably the least. This impression was strengthened by the following remarks made by SCRIVE, when commenting upon the eulogy paid to the Medical Staff of the Army in the East, by BEGIN, the senior in years of the French army surgeons, at the banquet of the 20th of August, 1856. "The medical corps would make itself more worthy of praise, if the paternal solicitude of the Sovereign who governs France would be pleased to take into consideration the noble conduct of her army surgeons, and secure for them a worthy and liberal organization, commensurate with their high services and honorable deserts. Coming from the same class of society as other officers, sharing with them all the privations and dangers of war, military surgeons should possess equal advantages, and incur like rewards. To preserve to the medical corps its efficiency, to prevent its decline in numbers, and to secure the future accession to it of worthy members, it is absolutely necessary to place it under the guidance of its natural chiefs, and to assimilate the grades of its hierarchy to those of other scientific arms of the service. This double recompense, made proper by long and loyal services, can alone prevent the imminent decadence of the corps of French military surgeons."

This earnest appeal of one of the most distinguished medical officers of the French army found its echo in a letter addressed by Marshal VALLIANT, Minister of War, to the French Emperor, under date of April 23d, 1859. "For several years past," said the French Minister, "the ranks of the Medical Corps have been thinned by numerous resignations and retirements, and by the insufficiency of the annual accessions to the corps. This state of facts revealed therein a feeling of dissatisfaction and discouragement, the real causes of which I have endeavored to ascertain by personal interviews with many of its members. I found that they were discontented with their position and remuneration for services, and perceived, also, that many of their complaints were not without foundation. Promotion in the medical corps is slower than in any department of the army, while there is no class of officers whose entrance into service is subjected to a more rigorous ordeal than is the novitiate of the army surgeon. They undeniably are compelled to remain too long in the inferior grades of their hierarchy, many of them arriving at the rank of Major-Surgeon only after twenty years service and numerous campaigns. The position of medical officers in the service is likewise badly defined. They hardly know at what military officer's table they may sit, to whom they owe salutes, or from whom, in turn, they should exact those marks of respect. When they become embroiled in questions of precedence, it is too frequently necessary to solve the difficulty by ministerial decision. To raise the corps from this anomalous position, it is necessary that the duties and prerogatives of its members should be more clearly defined. I have, therefore, the honor to propose to your Majesty that this task be confided to a commission which shall be presided over by a Marshal of France, and be composed of General Officers, Medical Inspectors and Military Intendants. I consider it urgently necessary immediately to modify the organization of the corps with respect to promotion and pay, and herewith have the honor to submit, for the approval of your Majesty, a new plan of organization, in which the hierarchical grades are combined, I trust, in a way to make promotion sufficiently rapid to satisfy medical officers, and, at the same time, to insure the efficient execution of the medical service throughout the army." Thus, Marshal VALLIANT, it will be seen, completely reversed his previous opinion in respect to the proper status of the medical corps. He perceived, at last, that without an educated staff of surgeons, with intelligence enough to appreciate their power and usefulness in an army, and, if need be, with courage to vindicate it, there would be an end to the military fame and glory of France.

Although these great measures of reform in the French medical service, were never carried into execution, the change of opinion in the mind of the Emperor was made evident during the Italian campaign of the following summer, when the Sovereign, who was on the field in person, invested the Surgeon-in-Chief of the French forces, Baron LARREY,—son of the Chief Surgeon of the armies of the First Empire,—with more power and authority than were ever conferred before upon a French medical officer. Throughout that memorable war,—from the morning of May, 1859, when the City of Palaces, rich with the splendors of the ancient rulers of the Mediterranean, threw open the historic residences of BALBI and ANDREA DORIA for the head-quarters of the welcome army, and a hundred thousand French soldiers spread their white tents beneath the shadow of the Apennines, until, after the dearly bought victories of Montebello, Palestro, Magenta, Ponte-Vecchio and Melagnano, the French Emperor, on the 24th of June, amid the thunders of five hundred pieces of artillery, and the glitter of four hundred thousand weapons on all sides, witnessed the rescue of the kingdom of Sardinia at Solferino, and the retirement of its Austrian invaders to the defences of their famous Quadrilateral,—no traces whatever of unmanageable epidemic diseases were seen.

In that brief but terrible campaign, made dif-

ficult in medical administration, by the great slaughter, the swift succession of battles, the rapid movements of the troops, the fierce heat of an Italian summer, and the large number of the enemy's wounded left upon the hands of the French, Baron Larrey had under his direction, besides eighty general hospitals in the cities of Genoa, Allessandria, Turin, Milan and Brescia, numerous ambulance hospitals at Voghera, San Martino, Montechiero and Castiglione, and many private houses, filled with sick and wounded, which the inhabitants had spontaneously thrown open for their reception along the route. During the short space of one month, in the Italian War, sixty thousand men were placed *hors de combat*, in the three armies, of which fifty thousand were wounded, and ten thousand killed.

It has been said that the dispersion of the sick and wounded among a large number of widely separated hospitals, was the principal means by which Baron Larrey was enabled, with so much honor to himself, to entirely preserve the French army from the epidemic diseases which had led to such disastrous mortality in the Crimea. But that is error. He owed those happy results to the large power and authority given him by the Emperor, by which he was able not only to effect the dissemination of the patients, but to carry out other equally important sanitary measures, as well as to extend to his medical officers a kind of protection and assistance which they never before received. In his address to the Academy of Medicine, in February, 1862, he remarked that in the Italian campaign, his Majesty graciously accorded to him the widest latitude of action, and insured to him the ready co-operation of the Intendant-General in the execution of hygienic measures. He also stated that by reason of the peculiar system of management of the Italian hospitals which were appropriated to the use of the army, medical officers were allowed the liberty of independent action, without the delays and embarrassments of undue official formality and interference, on the part of military superiors. In a word, medical officers were enabled by the Emperor to assert proper authority in the army.

If we now turn attention away from the army medical system of France, for the purpose of examination into the organization of the English army in respect to the constitution of its Medical Bureau, and more especially its hospital system, we find a firm base of inquiry in the letter of Mr. Sidney Herbert,—afterward Lord Herbert of Lea—presenting for the sanction of the Queen, in 1857, the new code of army medical regulations. He, therein, frankly admitted that English General Hospitals, wherever formed, had been unsuccessfully managed. He claimed that the report of the Royal Commission of 1857, of which he was President, had demonstrated the defective condition of their General Hospitals, the absence of any means of efficiently organizing them in time of war, and the great loss of life arising from those defects during the war with Russia. The huge folio report made by that Commission, gave evidence of the length of time, and the great number of witnesses devoted to the task of unraveling the labyrinth of General Hospitals. To one who has no knowledge of the subject, except what he has acquired by study of the perfected institutions of this character, now in operation in the United States, it can be but matter of surprise that so many learned and practical men should, in "our old home," have doubted and debated so long about the best system of General Hospital organization and management. The explanations adduced by the witnesses before the Commission, in order to throw light upon the vexed subject, were abundant, ingenious, and plausible. The want of subordination of the engineer who constructed the buildings and attended to the repairs, and of the purveyor who furnished the supplies, to any official lower than the heads of their respective departments in London; the want of permanent attendants, not liable to be recalled to their regiments at any moment, and, especially, the absence of female nurses; the failure to liberate medical officers from all duties not strictly professional,—a change, according to the view of the Commission, indispensably necessary for the success of the medical officers, but the fallacy of which opinion has been conclusively established by the most happy combination, in this country, during the present rebellion, of devoted and successful professional superintendence and efficient hospital administration,—all these causes were indicated as rocks and shoals whereon former General Hospitals had been wrecked.

A conspicuous feature in the deliberations of the Commission was the inability of some of its members and witnesses, to divest their minds of the conviction that a General Hospital must be a congeries of regimental hospitals. Wedded, with traditional tenacity, to their single conception of treating soldiers in regimental hospitals, their medical officers were averse to a central head, complete subordination to whose will is vital, in the management of large bodies of sick and wounded.

The basis idea upon which the Commission of 1857 proposed to perfect the English General Hospital system, was to break up, in a measure, the former system of aggregated regimental hospitals, and to appoint a governor for each General Hospital, invested with rank and power commensurate with his responsibility, who should represent the War Office, and through whom the whole administration of the hospital should be carried on. The Commission urged other reforms, in respect to the general service, of a most salutary character.

The existence of a sole responsible person at the head of the English medical corps, who is appointed from its own body, and enjoys virtually the undivided patronage of his department; the assistance given to the Director-General by a consultative council, consisting exclusively of medical officers; the assignment of officers specially conversant with sanitary science, to the duty of supplying hygienic advice to military commanders and officers of the Quartermaster's department; the merging of the purveyor's staff and apothecary corps into integral and subordinate parts of the medical department; and the power of surgeons to control the equipment, attendance, supplies, diet, professional treatment, and repairs of their hospitals—all were the recommendations of most enlightened reflection, ap-

proximating to, yet falling short of our own admirable system.

The principle of military unity of government in General Hospitals was correct, but there was defective application, in making a military, instead of a medical officer, the ruling power. Does not reason demonstrate, as forcibly as experience has proved, that the medical officer is the only proper ruler of his fellows and their assistants in the performance of their duties? Who would, for a moment, entertain the thought of empowering a supercargo to guide across the trackless deep, a vessel, of whose management he knew nothing beyond an invoice of her cargo? With what confidence and zeal would sailors perform their intricate duties, if under the guidance of a landsman, who must apply to others to learn the name of every rope, instead of being under the leadership of a *chef naturel*? How avoid conferring upon the surgeon in charge of a General Hospital a degree of rank and power commensurate with the knowledge of his peculiar duties? If he have not the power of remedying evils, which he alone, it is admitted, has the professional knowledge to detect, then power and knowledge are disunited to the prejudice of the service!

How well the problem of General Hospital management has been solved in our own country, it is not necessary to explain here. The General Hospitals throughout the Department of the East and elsewhere, speak for themselves. The key-note of their organization has at last, under the inspiration of our excellent Surgeon-General, been sounded by the War Department in a general order, officially promulgated in the following words:

WAR DEPARTMENT.

General Order, No. 306.

Adjutant-General's Office,
Washington, D. C., Dec. 27, 1864.

REGULATIONS CONCERNING HOSPITALS.

I. U. S. General Hospitals are under the exclusive control of the Surgeon-General, and will be governed by such regulations as the Secretary of War shall approve, upon his recommendation.

II. Medical officers, commissioned in the regular army or volunteer service, assigned to duty in charge of U. S. General Hospitals, acting under the instructions of the Surgeon-General, and not subject to the orders of local commanders, other than those of geographical military departments or divisions, are charged with all the duties of commanding officers, and will be obeyed and respected as such.

By Order of the Secretary of War:
(Signed) E. D. TOWNSEND,
Assistant Adjutant-General.

This general order, formulated with the brevity and comprehensiveness of a medical prescription, proclaims that, under due subordination to the War Department, the Surgeon-General is to enjoy supreme control of all General Hospitals and their inmates, and that medical officers are to exercise military command therein.

It surely cannot be that now, with this renewed exhibition of trust reposed in the medical staff of the army of the United States, and in view of the obvious results of comparison between the records of performance by our own surgeons and those of foreign countries, fair-minded individuals or organizations will find sound reasons for suggestions tending to depreciate army surgeons in this country. And yet, such suggestions have been made, were made at the beginning of the rebellion, and, perchance, may be made again.

Far be it from me here to revive any of the discussions or antagonisms, in this respect, so rife in 1861, and unkindly continued in some instances, to a later date. It is to the honor of the medical staff of the old army that it paused not in its multiplied labors of early organization and sanitary improvement, to send back reply to those who in the public press, from the pulpit, or from the platform, were arraigning its intelligence, efficiency, and appreciation of the great work imposed upon the Surgeon-General's Bureau by the new order of things. The business of undervaluing the military resources of the country, in this respect, and the antagonisms naturally engendered thereby, were thus left to those who had leisure or taste therefor. There were at that time, as there are now, work enough and room enough for all, and the most obvious dictates of patriotism, if nothing else, suggested then, and impel now, to hearty cordial coöperation among those who have "one life, one faith, one hope, one destiny." While we are in the trenches in front of the foe, let discussion as to the merits of surgeons of the army, and presentation of all vain theories, as to whether government organizations or outside commissions have done most to maintain the health of our troops, be postponed to some more appropriate time. Certain it is that the army medical staff can afford to wait for calm, penetrating popular judgment upon all the facts. A faithful unpretending discharge of all the obligations of duty rarely fails, in the end, to meet a fitting reward, and when injustice has at first been done, reaction oftentimes astonishes the most far-seeing by its swiftness and completeness.

In the daily round of an army surgeon's life, amid the dizzy activities of war, there is little which at first arrests and fixes general attention. The recording angels of the press, whose myriad pens proclaim the gallantry of the humblest combatant in the ranks, no less than the valor of their commanders, very naturally do not find equally interesting subjects for comment in the more quiet labors of those who keep ward and watch to drive off destructive pestilence from the crowded camp, or bind up the broken limb in the thickest of the eddying fight, or assuage the sorrows of hospital confinement, or contend with loathsome diseases, in whose hot and poisoned breath lurks imminent peril for all who approach to give aid to the sufferer.

I hear it often said that medical officers are non-combatants, as if that assertion made it any the less an act of heroism for them to stand, in the discharge of duty, on "the perilous edge of battle." Non-combatants, forsooth, in face of the fact that the only losses among officers of the staff of General Scott, in Mexico, were from the medical portion of it, and the other fact that a larger proportion of surgeons lost their lives during the Crimean War than any other officers throughout the allied army! And yet, no pros-

pect of promotion, with thickly-crowding brevets, has, heretofore, held out to the medical staff of this country its honorable inducements.

Let me not be understood to ask for medical officers, enlargement of military authority, or increased rank, on account of mere personal advantages. Rather let the suggestion be placed upon the sole reason of the public good. He, who in army or civil life attains deserved eminence in the medical profession of the United States, has little need of the gratification of military command. Army rank will, of itself, not give logic to the thought, clearness to the eye or dexterity to the hand of the surgeon, as he takes up the operating knife, but if superadded to all needed professional qualities, it will tend to give that soldierly *esprit* without which we may be doctors, but not army medical officers, who *prevent*, not less than cure disease.

It would be omission of a pleasant and obvious duty, if, in this connection, we failed to express the gratification felt in the Department of the East, on official information of the brevet promotion, recently conferred upon two honored members of our corps.

To him, the Nestor of the medical staff, who has discharged the duties of Medical Purveyor in New York, with such conspicuous intelligence and uprightness, it comes as a fitting tribute to a long life of toil and purest honor. I am sure that every one, within sound of my voice, who has been associated with him in official or social intercourse, will join in expression of fervent prayer, that length of days, with undiminished mental and physical vigor, may be vouchsafed to him, in which to enjoy his well-earned promotion.

And we, who in hospital administration and otherwise, have been under the orders of the recent Medical Director of this Department, who has lately been transferred to another post of usefulness in the Department of Pennsylvania, can fitly, and without breach of any of the proprieties of the service, testify how unreservedly we applaud the public recognition by the President of the valuable services of our late immediate chief. This hospital system of the Department of the East, everywhere speaks his praise; and all his subordinates can attest how wise he has been in counsel, how quick in sympathy, how efficient in administration, how devoted to the best interests of the sick or wounded soldier, and how mindful of the highest good of the medical corps.

This Commonwealth of Massachusetts may well be proud of this General Hospital which we are assembled to inaugurate, and which the judgment of the Surgeon-General of the United States and the bounty of the National Government, have placed in easy access to the homes and friends of soldiers, who may be so unfortunate as to require medical treatment away from the theatre of active operations at the front. It is an appropriate companion of the many civil institutions for the cure of disease, which the liberality of the State has erected within her borders. The active interest taken in its foundation and equipment by the Surgeon-General of Massachusetts, who from the first has taken such enlightened views of army sanitary affairs, gives assurance that nothing will be omitted to make the institution everything which could be desired.

The old Bay State has, in all this prolonged contest with armed men, aided with great power and the happiest results, to sustain the medical service of the army; and in the official publication of the last annual address of His Excellency, the Governor, it is gratifying to note how cordially he expresses his "confidence in the efficiency of the Medical Corps of the Army, under the energetic and humane administration of Surgeon-General Barnes, the present distinguished head of the Bureau at Washington."

All the world has seen during this war, that wherever a Massachusetts column passes, a great people follow it, not only to stimulate the living to fight, endure, and conquer, but to place beneath the suffering the great arm of support and consolation, and softly whisper in the ears of the dying, of the brightness of eternal anticipations for the brave and good who die for their country!

CASES OF MILITARY SURGERY.

By William O'Meagher.

Surgeon 69th N. Y. Vet. Vols., 2d Brigade, 1st Division, 2d Corps.

Gunshot Wound of Liver.--Recovery.

Charles Smith, private, 63d regiment, single, 21, was wounded in the right side by a rifle ball, at the battle of the Wilderness, May 5, 1864. The missile fracturing the ninth rib anteriorly, about three inches from the sternum, and passing out posteriorly, within two inches of the lumbar vertebræ. He had at the same time primary syphilis (in the first stage,) of a mild character.

The discharge issuing from both wounds, as well as the attending symptoms, left no doubt on my mind as to the nature of the wound, and other surgeons then and subsequently confirmed the opinion.

For nearly three weeks, during which he remained with us at the 1st Division Hospital, (2d Corps,) then within the enemy's lines, he vomited everything, and was only kept comparatively comfortable by morphia. Proper nourishment there was none, excepting a scanty supply of hard bread, coffee, sugar, and an occasional pig found roaming through the woods. Under these circumstances, it appeared quite evident that no reasonable hope of recovery could well be entertained. However, he lived to bear removal to Fredericksburg, on or about the 25th, and was assigned to the Tobacco Warehouse, which I had fitted up for the reception of patients: (this fitting up, by the way, was done by first sweeping out a mass of dirt and rubbish, then depositing the patients, two and two, on a single blanket, either woollen or rubber, then covering the pair with a coverlet of any kind.) Here his symptoms began to abate; his bowels, previously confined for fifteen days, were moved by cathartic pills; a few small

pieces of detached bone were removed; and he was enabled to take light nourishment, retaining some by careful management.

The discharge from the wounds, consisting of mixed bile and pus, continued to flow freely until he was transferred to a hospital in Alexandria, when a considerable and constant oozing of what was supposed to be disorganized blood previously retained, supervened and lasted several days. At this time he was able to take a moderate amount of nourishment, the vomiting had ceased, and he began to improve gradually, when he was transferred to David's Island, New York Harbor, on or about the 1st of June. Remained here, gradually getting better, the wounds discharging healthy matter in small quantity, until the 29th, when he received a furlough.

At home, the posterior wound closed first and then the anterior one, about the middle of July, something over two months from the date of injury. Returned to his regiment early in September, and since that time has been on full duty.

The only treatment used for the syphilis was the application of ung. hydrarg. to chancre, and the subsequent administration of potass. iod.

At present, (March 5, 1865,) his condition is good, and he complains only of difficulty in lying on the *left* side, insomnia, dreams, apparently produced by disordered functions.

With regard to the extent of injury to the liver, I should say that this could not be very extensive, and must have been confined to the anterior margin. He had no cough and no symptoms of even sympathetic affection of the lung.

Gunshot Wound of Liver, etc.--Death.

Nathan Hignutt, private, E, 2d Del. Inf., single, 24, was wounded at the battle of Ream's station, Weldon Railroad, Va., August 25, 1864, and admitted to Depot Field Hospital, (1st Div., 2d Corps,) City Point, Va., on the 27th, low in condition, but cheerful, quiet, and full of hope.

A rifle-bullet had penetrated the right side of thorax, fracturing the ninth rib anteriorly, wounding the lower border of right lung, the liver, and fracturing the ninth rib posteriorly near the angle.

After both wounds were cleansed, and the loose pieces of ribs removed, lint wet with a dilute solution of chloride of soda, was lightly applied, opiates and light fluid nourishment directed to be administered, the latter in small quantities frequently repeated.

For a day or more, he remained thus comfortable, when symptoms of pleuro-pneumonia supervened, and he was considerably discomposed by a teasing cough, producing severe pain in the neighborhood of the wounds. Gastric irritation and vomiting were superadded, referred at first to excessive quantities of fluids and the disturbing action of the cough, but subsequent experience pointed rather to the wounded liver as the principal cause of the disturbance. However, under the influence of opiates enemata, and the cautious administration of nourishment, he soon became comfortable again, and his spirits, always good, more buoyant. A free copious discharge of bile mixed with clot, serum, etc., issued from both wounds constantly, so that frequent dressing and disinfection were required. Occasionally high fever with delirium was present, but this was relieved by vomiting and copious discharge from the wound.

Under the treatment above indicated he grew gradually better, so well in fact as to begin to indulge in a fervent hope of soon being enabled to go home and see his poor old mother, whom he spoke of with the liveliest emotion. His attendants, too, were inclined to entertain the same hope, so that he became an object of even greater solicitude, if possible, than before. Attentions were redoubled, the wounds were closing gradually, the general condition improved, and the most troublesome accompaniments apparently disappearing, when suddenly came on an exacerbation of all the worst symptoms. Hectic, cough, vomiting, increased discharge of bile, pus, disintegrated liver, etc. He soon lapsed into unconsciousness, and expired quietly on the 21st of September following.

On post-mortem examination, it was found that the bullet had passed through both pleuræ, the lower border of the lung, fracturing the ribs, as before stated, and ploughing deeply through the upper surface of the liver. In the lung there was some circumscribed pneumonia, and the substance of the liver was considerably involved in the destructive ulceration. The stomach, intestines, etc., presented no abnormal appearance.

Hospital Reports.

PHILADELPHIA HOSPITAL,
January, 1865.

SURGICAL CLINIC OF PROF. S. D. GROSS.

Reported by W. H. Helm, M D., Resident Physician.

Hæmaturia.

Thomas Donovan, æt. 32, a native of Ireland; formerly very intemperate. Had gonorrhœa several years ago. Has had a stricture for two years, which he attributes to a fall down stairs.

He passed blood with his urine the morning after his fall, and continued to pass it for some days, but has passed none since, until his admission (eleven days ago,) and now passes it at each act of micturition. Has pain and straining and frequent stoppage of water in the act of micturition, during which the bowel comes down. Has no hemorrhoids. Has a very poor appetite, mouth always dry, thirsty, bowels loose, from eight to ten passages a day. Evacuations are thin, but not watery, and have been, but are not now, bloody. Abdomen a little tympanitic, but not painful to the touch. Much emaciated, pale, muddy complexion. Pulse one hundred and sixteen, and very feeble. Urine normal in quantity, deep red, and undoubtedly contains blood. After standing awhile, the globules will sink to the bottom. There is a whitish sediment, consisting chiefly of phosphates, and probably some pus globules. The case is a complicated one. The stricture is not very small, as it admits a moderately small bougie. There is also a perineal fistule. The urethra and bladder are not very sensitive. The blood in his urine may come from the ureters, kidneys, bladder, prostate gland, or the urethra itself. It may be assumed to come from the kidneys, when accompanied by symptoms referable to these organs, and when the urine contains albumen, and when casts of the uriniferous tubules, blood casts and epithelial cells are seen under the microscope. To determine whether it comes from the bladder, it is necessary to explore with a sound, in order to ascertain whether there is a calculus, or a fibroid, fungous, or encephaloid tumour present. In vesical hemorrhage the blood is not equally diffused through the urine, and is more copious at the end of micturition. Generally there is pain over the bladder and frequent micturition, with sudden stoppages. When the hemorrhage comes from the prostate gland, it is caused by ulceration, and is accompanied by local symptoms, and is generally small in quantity. If the hemorrhage be from the urethra, particularly the posterior portion, it commonly passes off in small vermiform pieces or in drops. A circumstance worthy of notice in this case, is the existence of phosphates. The phosphatic deposit generally takes place in depraved conditions of the system. There occasionally occurs a deposit of phosphates upon the lining membrane of the bas fond of the bladder. Mixed with this phosphatic matter is almost always pus. Whatever be the source of this hemorrhage, for the patient's health is not sufficiently good to permit a careful exploration, we assume that in some portion of the urinary passages there is inflammation. Whenever a man has a stricture, complicated with a depraved condition of the system and hemorrhage from the urinary organs, there is almost always inflammation of the bladder, cystorrhœa, etc., with phosphatic deposits and pus. There is an accumulation of the pent-up urinary secretion at the bas fond, behind the prostate, which acts as an irritant, exciting inflammation which results in an abscess and fistule, just as a lachrymal fistule is the result of an abscess caused by the accumulation of tears in the lachrymal sac, from obstruction of the lachrymo-nasal duct.

This patient having such a complication of maladies, any one of which is a heavy burden, the indication is to sustain him by a nutritious diet, concentrated and unirritating, and by milk punch and tonics. Anodynes, the best of which are opium and its preparations, are indicated to relieve pain and quiet the bladder and bowels. It is not advisable to interfere with his stricture or fistule, as he is not in a fit condition. He probably does not lose more than half an ounce or an ounce of blood daily, still it is of consequence to stop this bleeding. Tannic acid is the remedy usually employed. Alum is a better remedy. The persulphate and perchloride of iron, are both excellent remedies. This man's condition is one that eminently needs a tonic, therefore a preparation combining a tonic and an astringent will be best suited to his case. He may take two grains each, of sulphate of iron and sulphate of quinine, with one thirtieth of a grain of sulphate of strychnia, four times daily. To control his bowels and quiet his bladder, he may use an enema containing a drachm of laudanum, three times daily. It is not necessary to pay any attention to the phosphatic deposit, as by improving the general health it will disappear.

Autopsy.—Twenty-four hours after death, and the sixth day after his appearance before the Clinic. The thoracic viscera were found to be perfectly normal. The walls of the bladder were very much thickened, about six times the natural thickness, indurated, produced by inflammatory hypertrophy. There was a columniform arrangement of the fibres and the mucus coat of the bladder, which was of a slate color, was pitted or reticulated in every portion of its extent. The bladder contained a few ounces of bloody urine, some thick, grey flakes of mucus and fibrin. It also contained an ovoidal, uric acid calculus $1\frac{1}{4}$ inches long and $1\frac{3}{4}$ inches wide, weighing 585 grains Troy. The mucous surface of the ureters near the bladder was congested, the vessels presenting a varicose appearance. The prostate

gland was somewhat atrophied. In the membranous portion of the urethra, there existed an old but not very tight stricture, as in life the catheter could be passed. The calculus must have been forming several years. It formed an obstruction to the passage of urine, and the bladder had to overcome this obstacle, and in this way the hypertrophy of the muscular coat can be explained. The lower portion of the large intestine and rectum was very much thickened and ulcerated. The ulcers were mostly old and partially cicatrized. This readily explains the irritable condition of the bowels and thin bloody discharges. The kidneys were large, tubercular, and had undergone fatty degeneration. The tubercles were partially softened. In the pelvis of the right kidney was found a fluid very similar to, if not identical with, that discharged from the urethra in life, probably indicating the source of the hæmaturia. The most remarkable feature was the existence of an immense abscess of the liver, which was entirely unsuspected during life, as there were no symptoms indicating disease of the liver, unless such as were completely masked by the serious lesions of other organs. The liver was fatty and enormously enlarged; the left lobe extending to the umbilicus, and the right lobe into the corresponding iliac fossa. There were no adhesions to the abdominal parietes. The right lobe was very thick at top, and was firmly adherent to the diaphragm, to the other side of which the lung was adherent by a small surface. The abscess was in the superior portion of the right lobe, and was chronic, and probably of tuberculous origin. It contained, in a very irregular cavity, three and a half pints of pus, thick, red, and consisting largely of debris of the liver. This disease is rarely met with in this part of the country, occurring more commonly in the south-western parts of the United States; hence the case is very interesting. If the man had survived, the pus would probably have found an outlet through the lungs into the bronchial tubes. Sometimes adhesions are formed between the liver and large intestine, and the pus is discharged with the fœcal matter. Sometimes an opening into the peritoneal cavity, and sometimes into the pericardium, is formed. Again, the pus is discharged externally. When the abscess points externally, the pus must not be evacuated, until adhesions are formed. Inflammation may be excited by cutting through the abdominal muscles and introducing a tent, thus exciting adhesions between the walls of the abscess and the peritoneum. Statistics show that the disease is generally fatal.

Editorial Department.

Periscope.

State Medical Society of Illinois—Transactions at the meeting of 1864.

[Concluded from p. 371.]

DISEASES OF THE EYE.

The Special Committee on Diseases of the Eye, E. L. Holmes, M. D., of Chicago, Chairman, reports that no contributions, either from members of the Society or from the Profession generally, have been received.

Diseases of the Conjunctiva.

However a valuable report is appended from the personal experience of the Committee, from which it will be seen that diseases of the conjunctiva form by far a greater class, than those of any other portion of the eye. To this class may be added a large part of the diseases of the lids and cornea, since they are but sequelæ of conjunctivitis. A large number of blind patients, that have been examined, lost their vision as a result of this disease. And there are reasons for believing that a very large portion of the blind in the blind asylum, and other portions of the State, lost their sight from neglected or maltreated inflammation of the conjunctiva.

In ordinary uncomplicated cases of acute conjunctivitis, the Committee is convinced that success in treatment depends principally upon the skilful use of caustic astringents. They should not be dropped into the eye, but applied directly to the mucous membrane of the lids, by means of a delicate brush, the secretions having first been removed by gentle applications of a bit of linen.

There is reason to believe, in the treatment of chronic conjunctivitis, that practitioners, generally, in the West, use these remedies too strong. Slight applications of the crystal sulphate of copper have given best satisfaction to the Committee in the largest proportion of cases.

Iritis.

About five per cent. of the patients treated, have been with affections of the iris. The Committee has never attempted to conduct the treatment of iritis without the use of mercury, although high authority has shown that the disease may thus be successfully treated. Success with the use of calomel and large and frequent doses of atropin locally, have created an unwillingness to modify this plan of treatment. Excision of a part of the iris, as recommended by Græfe in chronic iritis, with attachments of the iris to the lens, has been performed apparently with great benefit in three cases.

Retinitis and Choroiditis.

The classification of the diseases of the vitreous humor, choroid, and retina, has been based entirely upon the abnormal changes, discovered by means of the ophthalmoscope. Whenever the line of demarcation between the papilla of the optic nerve and the retina has been indistinct the disease has been classified as retinitis. In those cases where absorption and deposition of pigment have been observed, with or without the peculiar yellow-colored patches so often seen, the disease has been termed choroiditis. There is reason to believe in many cases the disease is an affection of the choroid as well as of the retina. In no instance has the Committee found this disease connected with consanguity or idiocy, as observed by some writers.

Glaucoma.

Glaucoma is evidently not a common disease of the West. Only three cases of this affection and no others with dilated pupil and abnormal hardness of the globe have been observed in Chicago by the writer.

ORTHOPEDIC SURGERY.

The Report on Orthopedic Surgery by Dr. David Prince, of Jacksonville, occupies the next eighty-eight pages. Its length and comprehensiveness makes it unsuitable for the necessary mutilation to adapt it to our periscope department, and as the writer of it is so well known in this division of surgery, we have no doubt but it will be consulted by all who desire to be thoroughly acquainted with the subject. Interspersed through the text are numerous illustrations of apparatus and of deformities amenable to treatment, and we cannot help thinking with the author, that "a walking specimen of talipes, born after this time, will be a disgrace to somebody, who should have known better."

PUERPERAL FEVER.

Dr. Delaskie Miller, of Chicago, as Chairman of the Committee on Puerperal Fever presents a report upon this affection, of much interest, which is enhanced by a concise but excellent history of the disease from the first time it began to attract the attention of medical men. With the most modern pathologists it is considered due to "a new element not found in ordinary inflammation, which renders its nature essentially different from peritonitis, phlebitis, metritis, etc., etc. The new element, we are led to believe, is a poison in the blood, producing a septic influence there—and through this medium producing changes sometimes in the tissues of important organs. That the disease is truly zymotic. Its history observes the laws of all poisons.

1st. It is an uniform disease; the description given of it an hundred years ago, describes the disease of to-day equally well.

2d. It selects a tissue for its seat, viz., the serous membranes and tissues analogous to them.

3d. The definite action is in the blood, the quantity of fibrine is increased, its quality is deteriorated.

4th. The action of the poison is modified by the quantity introduced into the circulation. When it is in excess the patient may die suddenly without leaving any local manifestations of its presence.

When the poison is in less quantity, its course is less rapid, and is followed by local changes."

Without attempting to trace this poison to its source, or detail its mode of propagation, he concludes, that,

"1st. It may originate within the system, from the decomposition of organic matter.

2d. It may be introduced from without, by exposure to diseases characterized by ichoræmia, or,

3d. It may be communicated by the attendant, who is the vehicle of transportation from a distant case."

Dr. Miller arranges the treatment under three propositions:

1st. "Neutralize the *materies morbi* in the system, in the uterus, and in the vagina.

2d. To eliminate the disintegrating and effete materials from the system.

3d. To support the vital forces of the system."

He believes the first can be fulfilled by *chlorine* and *bromine* as injections into the vagina and uterus; while the second indication is carried out by such articles as are known to arrest the septic influence of the poison already circulating with the blood; such as the mineral acids, chlorine salts, the bromides and sulphides. The third object is accomplished in the usual manner by nutritious food and judicious use of alcoholic preparations.

REPORT ON SURGERY.

As we approach the end of the Transactions we are pleased to meet with the name of Professor E. Andrews, of Chicago, as chairman of that Committee. In our notice of the Society last year, we dwelt with emphasis upon the value of his report then presented, and we find this no less worthy of commendation, but as we see the limited space for it is rapidly diminishing in extent, we append some of the most striking deductions, with many regrets that our readers cannot enjoy with us the details. We understand our author to speak of cases treated within the bounds of the State of Illinois.

Wounds received in the Western Battles.

			Recov'd.	Died.	Total.
Gunshot Fractures of the		Cranium,	3	8	11
"	"	Face,	15	2	17
"	"	Shoulder-Joint,	4	2	6
"	"	Humerus,	30	5	35
"	"	Elbow-Joint,	14	3	17
"	"	Fore-Arm,	20		20
"	"	Pelvis,	2		2
"	"	Femur,	17	16	33
"	"	Knee-Joint,	9	16	25
"	"	Leg,	23	9	32
Penetrating Wounds of		Thorax,	12	20	32
"	"	Abdomen,	4	12	16

Resections.

A considerable number of cases of resections have come under his observation with the following results:

	Recov'd.	Died.	Total.
Resection of the Shoulder-Joint,	8	2	10
" " Knee "	1		1
" Continuity of the Shaft of Femur,		2	2
" of the Elbow-Joint,	6	1	7

Discussion of the Operations.

It is now well settled that amputations of the superior extremity should only be performed when the limb is obviously going to mortify, from the destruction of its vessels and nervous trunks. Shattered shoulder and elbow-joints should be resected instead of amputated. The mortality of amputation at the shoulder, as above shown, is one in three, while that of resection at the same place is only one in four. In the British wars with Napoleon, 44 cases of amputation at the shoulder are reported, of which 17 died. In the Schleswig-Holstein campaign, 19 resections of the shoulder are reported, of which 7 died. Combining these and our own statistics, we have the following results:

	Recov'd.	Died.	Total.	Pr. ct. of Deaths.
Amputation at the Shoulder,	31	19	50	38
Resection " "	20	9	29	31

Showing an advantage of 7 per cent. in favor of resection.

Amputations of the arm below the shoulder have but little mortality. Of 15 cases only 1 died, and of 72 cases mentioned by GUTHRIE, only 17 died. Combining both, we have a mortality of a little over 20 per cent. The British mortality is obviously excessive, owing to the crowded state of their hospitals in the Crimea and Scutari. If the men are kept in open tents in the field, the mortality of this amputation will not be much above 8 or 10 per cent. Still the arm should not be amputated for a gunshot fracture, unless the circulation is obviously destroyed, as it recovers from the most surprising injuries with ease. In cases of badly shattered elbow-joints, resection should be preferred to amputation. The mortality in our cases of this resection was only 1 in 7. ESMARCH quotes 40 cases, of which 6 died. Combining these, and comparing the result with the amputations of the arm before mentioned, we have the following table:

	Recov'd.	Died.	Total.	Pr. ct. of Deaths.
Resection of the Elbow-Joint,	40	7	47	15
Amputation of Arm,	60	18	87	21

Showing an advantage of 6 per cent. in favor of resection of the elbow.

Amputations of the Thigh.

Out of 10 amputations in the upper third, only 4, that is 40 per cent., were fatal, whereas in military experience heretofore, the mortality of amputations at that locality have been 80 to 90 per cent. In the Crimean war it was 87 per cent. This anomaly in the statistics occurs in consequence of adding in all the high amputations of the thigh in a certain division of troops at the siege of Vicksburg. The wounded in this division were not transported to general hospital, but were treated in the field in open tents, pitched on a high, breezy bluff. The curtains of the tents being raised, the men breathed a pure untainted air, and made recoveries which would astonish the denizens of crowded brick hospitals. The result of his experience is, that the difference in mortality between the results of good field treatment, and those of treatment in average general hospital buildings is nearly as follows:

Mortality of amputation of the thigh.	Treated in Ordinary General Hospital Buildings.	Treated in the Field in Good Circumstances.
At the Upper third,	85 per cent.	45 per cent.
" Middle "	60 "	30 "
" Lower "	30 "	20 "

In this connection he refers to the Mower General Hospital, at Chestnut Hill, Philadelphia, as these arrangements are particularly excellent, and the air is freely admitted to the wards, close to the head of each cot, so that every patient enjoys a respiration almost as pure as that of the open fields. The consequence is, as might be expected, out of 6000 patients no case of hospital gangrene has occurred, and only one death has taken place from erysipelas.

Treatment of Indolent Ulcers.

The Committee refers to the treatment of indolent ulcerations, suggested by Dr. LUCIUS CLARK, of Rockford. The plan consists of simply giving the patient large and frequent doses of sulphur, internally, until the system is saturated with it. As tested by Professor ANDREWS, at Mercy Hospital, in Chicago, the effect of the drug would seem to be to stimulate very powerfully the growth of granulations. One case took 30 grains at a dose, five times a day. In five days a luxuriant crop of granulations was produced in an indolent old ulcer of two years' standing. In ten days the ulcer was full and partly healed. In a few days more the cicatrization was complete. It should be remarked that many cases require opiates with the sulphur, in order to restrain the purgative action.

Torsion and Strangulation of Ovarian Tumors.

Rokitansky lately brought under the notice of the Vienna Medical Society the subject of Torsion and Strangulation of Ovarian Tumors. During the last few years, he has seen eight cases of this kind. His observations lead him to the conclusions—1. That torsion and strangulation of ovarian tumors are not uncommon; 2. That they sometimes come on suddenly, at others gradually; 3. That in the first case they are generally fatal to life. 4. When the tumor, previously moveable, suddenly becomes fixed, and there arise symptoms of peritonitis, we may surmise that torsion, etc., have occurred. In such case attempts must be made to replace the tumor. 5. Intestinal incarceration may also result from the same causes. 6. Destruction of the tumor may also follow, and may account for the disappearance of ovarian tumors in some cases.—*Brit. Med. Journal.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 25, 1865.

PHARMACEUTICAL EDUCATION.

Every physician is interested in the subject of pharmaceutical education. In the first place, he should himself have a fair knowledge of practical pharmacy. Too many of our profession are lamentably deficient in this respect. It should be made one of the requirements of a medical education. The country practitioner has to be his own pharmaceutist, or, in ordinary parlance, "chemist, druggist, and apothecary." If he knows something, practically of the art, and especially of the science of compounding medicines, he will often be enabled to obtain a better effect from his remedies, and to exhibit them in palatable forms, much to his own advantage and that of his patients. We have seen formulæ written by physicians of standing, which would never have been written, had their authors known anything of the "art of the apothecary." This very day, a practitioner from the country, who brought a patient from a distance to consult a justly eminent physician of this city, a professor in one of our medical colleges, showed us a recipe for pills which, if made according to direction, would weigh nearly ten grains each, the component materials being chiefly of light weight, into the bargain. It will be rather a difficult matter, we think, to swallow one of those pills! We mention this case to illustrate the importance to the medical man of a practical knowledge of pharmacy.

But our chief object in this article is to call attention to the neglect by pharmaceutists themselves of obtaining a proper education. And by a "proper education," we mean a reasonable apprenticeship, and attendance on lectures, and finally, the reception of a diploma from a well-organized college of pharmacy. Statute law, or in its absence, public opinion, requires that the physician, or even the "doctor," should have some sort of a diploma, before he can obtain any status at all as a practitioner. Why should the pharmaceutist be excepted from the operation of such salutary regulations? Are there no responsibilities attached to his position? Is pharmacy a mere trade, like that of the grocer or the ironmonger? Shall an uneducated inexperienced man or *boy* compound the draught that carries life or death into our households? Shall a girl, who is employed because her pharmaceutical education costs nothing, so that her services can be had at a cheap rate, in one of our first-class establishments, put up "black drop" for "black draught;" and send a soul, as it were, unbidden into eternity?

Why is a boy of fourteen permitted to enter a drug store doing a very large prescription business, and ere he can scarce count his stay by weeks, be left *alone*, not only to answer all calls for medicines, but to compound difficult formulæ? Yet all this has been, within a "Sabbath-day's journey" of the spot where we write, and in the very headquarters too of pharmaceutical education in this country!

Why is it that there are no legal guards around the practice of pharmacy? The interests and responsibilities involved are tremendous. The knowledge required for an intelligent practice of the business is extensive. And yet, are there more than two schools of pharmacy in practical operation on all this broad continent? If there are, where are they? And what is the condition of the two only that we wot of, viz., those of Philadelphia and New York? They have excellent faculties. There are no more learned pharmaceutists or better teachers in the world than the professors in these two schools. Yet look at their winter's work—what is the result? Twenty-nine graduates from the Philadelphia, and seven graduates from the New York schools of pharmacy, four of the latter being foreigners, and all the former being Pennsylvanians. We doubt whether five hundred graduates from each school would have supplied the actual wants of the country.

But what are we to expect if neither statute law or public opinion call for educated pharmaceutists? Druggists "clerks" are not going to the expense of properly studying their business if they can at a risk—public, not personal—get along without. It should be *illegal* for a young man to dispense medicines or to compound prescriptions until he has spent some time, say a year at least, in acquiring a knowledge of the business, and even then, his first essays should be with the most simple formulæ, and under the eye of an experienced pharmaceutist. An apprenticeship of three to five years should be required, including a didactic and demonstrative course of instruction, the evidence of which should be given in the shape of a diploma. The law ought to require this, but until it does, our profession should manifest their appreciation of the importance of a thorough pharmaceutical education by only patroniziag and recommending those who are properly educated.

It must not be inferred by any remarks made above that all our pharmaceutists are ignorant and incapable. By no means. There are no more capable pharmaceutists in the world than

are to be found in all our large cities, but we think that we are correct in saying that a majority of our pharmaceutists are innocent of having graduated from schools of pharmacy.

MEDICAL COLLEGE COMMENCEMENTS.

MEDICAL DEPARTMENT OF HARVARD UNIVERSITY, (MASS.)

The commencement exercises in the Medical Department were held at the Medical College on Wednesday, the 8th inst. Prayer was offered by Prof. Andrew Peabody, D. D. Selected dissertations were then read by members of the graduating class in the following order:—1. Gangrene of the Lung: Ethan Allen Paul Brewster, Appleton, Wis. 2. Mind on Disease: Somerville Dicky, Cornwallis, N. S. 3. Periodical Fever: Peter Paul Gilmartin, Boston. 4. Hospital Gangrene: George Whitefield Johnson, Southboro'. 5. Pyæmia: John William Parsons, Rye, N. H. 6. Smallpox: Daniel Thurber Nelson, Amherst.

Degrees of Doctor of Medicine were conferred upon forty-two gentlemen.

The address to the graduating class was delivered by the Rev. President, and was characterized by the sound learning and practical wisdom which fit him so eminently for the position he occupies. We trust it will be published, for the lessons drawn so deeply from the study of nature and humanity should extend their influence beyond the audience there gathered to hear him.—*Boston Med. and Surg. Journal.*

Notes and Comments.

Change in Army Hospitals.

Assistant Surgeon J. B. Featherbridge, United States Volunteers, has been directed to relieve Surgeon S. W. Gross, United States Volunteers, as Surgeon in charge of Haddington United States Army Hospital; Surgeon S. W. Gross relieves Acting Assistant Surgeon R. J. Levis, United States Army, as Surgeon in charge of South Street United States Army Hospital.

The Philadelphia Hospital.

At a meeting of the Guardians of the Poor, held on the 20th inst., Dr. JOHN W. LODGE was elected Visiting Surgeon, in the place of Dr. R. S. Kenderdine, resigned. Dr. LODGE is favorably known as an intelligent man, and industrious student in his profession, and will, no doubt, fill the position with credit to himself and the institution.

Drs. W. H. BARTLES, R. S. SUTTON, J. S. PARRY, and C. E. SMITH, were elected Resident Physicians in the Hospital; and Dr. GEO. W. SPARKS in the Insane Department, *vice* Dr. BARTLES, transferred to the Hospital.

The Surgeon-General's Department of the United States Army in 1864.

The following summary of the operations of the Surgeon-General's Department of the U. S. Army in 1864, we take from the Report of the Secretary of War. The very small per centage of disabled men is proof of very great efficiency in the management of the Medical Department of the Army.

"It appears from the report of the Surgeon-General, that the funds derived from all sources, and available for the expenses of the medical department, for the fiscal year ending June 30, 1864, were $12,263,988

Disbursements, .	$11,025,791	
Balance in the treasury June 30, 1864, .	914,135	
Balance in the hands of disbursing officers, .	324,061	
		$12,263,988

"One hundred and eighty-two hospitals, with a capacity of eighty-four thousand four hundred and seventy-two beds, were in operation at the date of the last annual report. During the summer campaign it was found necessary to establish additional ones, and increase the capacity of those nearest the scenes of active operations, giving one hundred and ninety hospitals, with a capacity of one hundred and twenty thousand five hundred and twenty-one beds on June 30, 1864. During the year the health of the entire army was better than is usual with troops engaged so constantly on active duty and in arduous campaigns. No destructive epidemics prevailed in any section, and the number of sick and wounded, although large, has been comparatively small in the proportion it bore to the whole army. At the close of the year the number of sick and wounded, both with their commands and in general hospitals, was less than sixteen per cent. of the strength of the army. The number sick with their respective commands was four per cent., and in general hospitals five and three-tenths per cent. of the strength. Of the six and forty-six hundredths per cent. wounded, nearly one per cent. were with their respective commands; the rest in general hospitals.

"The establishment of medical depots within

reach of the armies in the field, and their prompt supply upon the field of battle; the transportation of sick and wounded by ambulances, railroad, and hospital transports; the sufficiency and successful administration of the best system of general hospitals; the sanitary precautions, as well as all minor details of this department, tending to the greater comfort of the sick and wounded, as well as to the health and efficiency of the troops, have during the year undergone the severest possible test, and in no instance have the movements of successful generals been impeded or delayed from any cause within the control of the medical department.

"House bill No. 543, Thirty-eighth Congress, having passed the House of Representatives, was not reached in the Senate, and awaits final action. The proposed and well deserved promotion of meritorious medical officers cannot fail to increase their efficiency, by placing them upon an equal footing with those of other staff corps in regard to local rank, and it is respectfully submitted that the faithful performance of arduous duties by officers of the medical staff should be recognized and rewarded by brevets equally with the other branches of the service.

"The Army Medical Museum continues to increase in value, and is already one of the most instructive pathological collections in the world. A descriptive catalogue is in course of preparation, an examination of which will, it is thought, fully establish the importance of this institution in connection with the surgical and medical history of the war."

New York College of Pharmacy.

The thirty-fifth annual commencement of the College of Pharmacy of New York, was held on Thursday evening, March 16th, at the Chapel of the New York University, Washington Square.

The exercises were opened by an appropriate prayer by Rev. Dr. Isaac Ferris, Chancellor of the New York University.

The degree of Graduate in Pharmacy was conferred on seven young gentlemen.

Prof. Ferdinand F. Mayer addressed the graduating class. After complimenting the students, he said that the pharmaceutist should not only be instructed in the duties he was to perform, but should be guided by a proper spirit in following his profession. The College of Pharmacy was established by eminent apothecaries of New York, who felt the want of principle in the members of the profession. He spoke of the many persons who dispense drugs, without understanding their qualities, as an evil that should be corrected. The speaker said that many deaths occurred from the mistakes of drug clerks in compounding medicines, resulting from the want of practical knowledge. This fact was frequently proved by coroner's inquests. He advocated a system of apprenticeship similar to that which prevails in many European countries.

Mr. Frank Etheridge, a member of the Class, responded on the part of the graduates.

Scientific Explorations.

Prof. Agassiz is about starting on a scientific exploring expedition to the tropical regions of South America. First to test his glacial theory of the changes in the heat of the earth; secondly, to collect specimens for a grand museum of comparative zoölogy. He will have about eight well qualified assistants. The expense is borne by Mr. Nathaniel Thorpe, who says to the Professor: "Select your men, organize and go forward with the expedition, and send all the bills to me."

Causes of Death in the French Army.

Typhoid fever is the cause of the greatest number of deaths in French military hospitals, being for the year 1862, 185 per 10,000 of effective soldiers. Suicide appears to be very common in the French army; it is three times greater in the army than amongst civilians. In 1862, there were 231 suicides in the army. Syphilis is in France, as in England, the most cruel scourge of the army.

Army and Navy News.

ARMY.

CONFIRMATIONS BY THE U. S. SENATE.

Assistant Surgeon Thomas C. Henry, U. S. V., to be Surgeon of Volunteers, to date from Feb. 23, 1861.
Assistant Surgeon George A. Otis, Aug. 30, 1864.
Assistant Surgeon Ab'm McMahon, Aug. 30, 1864.
Assistant Surgeon Henry W. Davis, Aug. 30, 1864.
Assistant Surgeon Henry Durham, Aug. 30, 1864.
Assistant Surgeon William O. McDonald, Sept. 15, 1864.
Assistant Surgeon Frank Gibson Porter, U. S. V., September 30, 1864.
Assistant Surgeon Benjamin McCluer, U. S. V., September 30, 1864.
Assistant Surgeon Milton B. Cochrane, U. S. V., November 25, 1864.
Assistant Surgeon, Milton C. Woodworth, U. S. V., November 25, 1864.
Assistant Surgeon Charles H. Hood, U. S. V., November 25, 1864.
Assistant Surgeon M. F. Cogswell, U. S. V.
Assistant Surgeon Frederick Wolf, U. S. V.
Assistant Surgeon E. Griswold, U. S. V.
Assistant Surgeon E. M. Powers, U. S. V.

TO BE ASSISTANT SURGEONS.

Jos. W. Haywood, of Massachusetts, July 5, 1864.
Robert B. Brown, of Pennsylvania, July 5, 1864.
Albert B. Prescott, of Michigan, July 5, 1864.
John Feitzer, of Illinois, July 5, 1864.
Corwin B. Frazer, of Michigan, July 5, 1864.
John T. Brown, of New York, July 6, 1864.
Ephraim W. Buck, of New Jersey, July 21, 1864.
John S. McGrew, of Ohio, July 26, 1864.
Henry E. Williams, of New York, Aug. 7, 1864.
Theophilus H. Turner, of N. Jersey, Aug. 23, 1864.
Surgeon W. S. Tremain, 31st U. S. C. T., Sept. 1. 1864.
Assistant Surgeon Israel C. Hogendobler, 143d Pa. Vols., Sept. 7, 1864.
Bleecker L. Hovey, of New York, Sept. 9, 1864.
Lewis Applegate, of New York, Sept. 9, 1864.
Surgeon Daniel Stahl, 7th Ill. Cav., Sept. 20, 1864.
Acting Assistant Surgeon Wm. M. Dorran, U. S. A., Sept. 20, 1864.
Acting Assistant Surgeon S. S. Jessop, U. S. A., Sept. 20, 1864.
Walter Ure, of Pennsylvania, Sept. 23, 1864.
Private F. C. M. Petard, of Co. E, 13th New York Cavalry, Sept. 23, 1864.
Charles T. Reber, of Pennsylvania, Sept. 26, 1864.
Godfrey A. Kretchmar, of New York, Oct. 3, 1864.
J. P. Dowlin, of Pennsylvania, Oct. 11, 1864.
R. M. Lackey, of Illinois, Oct. 11, 1864.
John C. Miles, of Michigan, Oct. 11, 1864.
D. C. Day, of Pennsylvania, Oct. 11, 1864.
Edward K. Hogan, of New York, Oct. 13, 1864.
T. P. Seeley, of New Mexico, October 17, 1864.
W. J. McDermott, of New York, Oct. 26, 1864.
Acting Assistant Surgeon William St. G. Elliott, U. S. A., Oct. 28, 1864.
L. C. Chapin, of Connecticut, Oct. 29, 1864.
Samuel W. Thayer, of Vermont, Nov. 4, 1864.
J. H. Porter of the District of Columbia, Nov. 25, 1864.
Wm. A. Gordon, of Kentucky, Nov. 26, 1864.
J. C. Thorpe of Kentucky, Nov. 25, 1864.
J. G. Murphy, of Pennsylvania, Nov. 25, 1864.
Pierson Rector, of New York, Nov. 29, 1864.
John E. McGirr, of Pennsylvania, Nov. 29, 1864.
Alexander Lelong, of New Jersey, Nov. 30, 1864.
Walter R. Way, of Maryland, Dec. 3, 1864.
Thos. R. Dunglison, of Pennsylvania, Dec. 3, 1864.
John T. Harrison, of California, Dec. 8, 1864.
Benjamin Tappan, of California, Dec. 2, 1864.
James Reily, of New Jersey.
Abial W. Nelson, of Massachusetts.
Acting Assistant Surgeon J. Victor de Hanné, U. S. A.
Acting Assistant Surgeon W. G. Elliott, U. S. A.
Surgeon J. P. Prince, 9th Mass. Vols.
David O. Ferrand, of Michigan, Feb. 16, 1865, vice Gourley, resigned.
Passmore Middleton, of Pennsylvania, Feb. 17, 1865, vice Colton, deceased.
E. F. Martindale, of New York, Feb. 17, 1865.
Acting Assistant Surgeon J. H. Bartholf, U. S. A.
George E. Stubbs, of Maine.
John H. Frizell, of Ohio.
J. M. Jenkins, of Illinois.
E. C. Seguin, of New York, March 3, 1865.
Henry K. White, of Pennsylvania, March 3, 1865.
John Van Duyn, of New Jersey, March 3, 1865.
Charles S. Robert, of New York, March 3, 1865.
Acting Assistant Surgeon W. K. Cleveland, U. S. A. from Feb. 28, 1865.

ASSIGNMENTS.—Assistant Surgeon C. A. McCall, U. S. A., relieved from duty in the Department of Washington, and ordered to duty in the Army of the Potomac.

Assistant Surgeon Cyrus Bacon, U. S. A., relieved from duty in the Middle Department, and ordered to the Middle Military Division.

Assistant Surgeon J. W. Williams, U. S. A., relieved from duty in the Middle Military Division, and ordered to the Middle Department.

Surgeon John O. Bronson, U. S. V., to report to Commanding General Department of the South, for duty.

APPOINTED.—Surgeon Norton Folsom, U. S. Col'd Troops, to be Medical Inspector of the 25th A. C., vacated some time since by Surgeon Weist.

NAVY.

REGULAR NAVAL SERVICE.

ORDERED.—Ass't Surgeon C. H. Page, to the Navy Yard, Boston, Mass.

Ass't Surgeon E. D. Payne, to the Naval Rendezvous, Philadelphia.

Ass't Surgeon Wm. P. Baird, to the West Gulf Squadron.

DETACHED.—Ass't Surgeon David F. Ricketts, from the Naval Rendezvous, New York, and ordered to the *New National* Mississippi Squadron.

Ass't Surgeon Henry C. Eckstein, from the Naval Rendezvous, Philadelphia, and ordered to the *General Lyon*, Mississippi Squadron.

Ass't Surgeon Robert Willard, from the *Colorado*, and ordered to the West Gulf Squadron.

Ass't Surgeon Thomas Heland, from the West Gulf Squadron, on the reporting of his relief, and ordered North.

RESIGNATIONS ACCEPTED.—Ass't Surgeon S. G. Webber, of the *Nahant*, to take effect April 10th, 1865.

Ass't Surgeon Heber Smith, at the Naval Hospital, New Orleans, La., to take effect on the receipt of the order.

VOLUNTEER NAVAL SERVICE.

ORDERED.—Acting Ass't Surgeon S. C. Johnson, to the Mississippi Squadron.

DETACHED.—Acting Ass't Surgeon James D. Noble, from the *Princeton*, and ordered to the Mississippi Squadron.

Acting Ass't Surgeon Benjamin A. Sawyer, from the *Ohio*, and ordered to the *Lexington*, Mississippi Squadron.

Acting Ass't Surgeon P. H. Johnson, fron the *North Carolina*, and ordered to the *Hunchback*.

Acting Ass't Surgeon George Shields, from the Mississippi Squadron, and placed on sick leave.

Acting Ass't Surgeon Wm. J. Burge, from the *Flag*, and waiting orders.

Acting Ass't Surgeon W. H. Bates, from the *Memphis*, and waiting orders.

Acting Ass't Surgeon Benjamin G. Walton, from the Bark *Gem of the Sea*, and waiting orders.

Acting Ass't Surgeon G. F. Riblett, from the *Ohio*, and ordered to the South Atlantic Squadron.

Acting Ass't Surgeon Lewis Darling, Jr., from the *North Carolina*, and ordered to the South Atlantic Squadron.

Acting Ass't Surgeon J. J. Sowerby, from the late *Merrimac*, and waiting orders.

Acting Ass't Surgeon William H. Faxon, from the *North Carolina*, and ordered to the *Galena*.

Acting Ass't Surgeon H. I. Babin, from the *Ohio*, and ordered to the *Mercedita*.

Acting Ass't Surgeon Ed. Macomb, from the *North Carolina*, and ordered to the *Tahoma*.

Acting Ass't Surgeon Linnæus Fussell, from the *Princeton*, and ordered to the *Sagamore*.

Acting Ass't Surgeon Edward C. Thatcher, from the *Princeton*, and ordered to the *Governor Buckingham*.

Acting Ass't Surgeon Henry Clay Meredith, from the *Princeton*, and ordered to the *Miami*.

APPOINTED.—Nelson Ingram, of Bellevue Hospital, New York, Acting Ass't Surgeon, and ordered to the *North Carolina*.

Henry C. Meredith, of Philadelphia, Pa., Acting Ass't Surgeon, and ordered to the *Princeton*.

Abram W. Hunt, of the 12th Ohio Volunteer Cavalry, Acting Ass't Surgeon, for duty in the Mississippi Squadron, and ordered to that squadron without delay.

Linnæus Fussell, of Philadelphia, Pa., Acting Ass't Surgeon, and ordered to the *Princeton*.

March 3.—Henry Richardson, of West River, Md., Acting Ass't Surgeon, and ordered to the *Alleghany*.

Edward C. Thatcher, of the University of Pennsylvania, Acting Ass't Surgeon, and ordered to the *Princeton*.

Charles E. Hosmer, of the *Santiago de Cuba*, Acting Ass't Surgeon, and ordered to the Mississippi Squadron.

Lyman Dow, of Bellefonte, Logan Co., Ohio, Acting Ass't Surgeon, and ordered to the Mississippi Squadron.

Henry C. Young, and James N. Young, of Princeton, Indiana; Asa H. Zeigler, of Washington, D. C., and John Mallam, Acting Ass't Surgeons, and ordered to the Mississippi Squadron.

March 9.—Ernest D. Martin, of Philadelphia, Pa., Acting Ass't Surgeon, and ordered to the *Princeton*.

March 10.—Frederick H. R. Phillips, of South Mansfield, Mass., Acting Ass't Surgeon, and ordered to the *Ohio*.

Nicholas H. McGuire, of Wheatland Indiana, Acting Ass't Surgeon, and ordered to the Mississippi Squadron.

P. Wadsworth, of Washington, D. C., Acting Ass't Surgeon, and ordered to the Navy Yard, Washington, D. C.

Frederick Plummer Sheppard, of New York City, Acting Ass't Surgeon, and ordered to the *North Carolina*.

William P. Davis, of Philadelphia, Acting Ass't Surgeon, and ordered to the *Princeton*.

Resignations Accepted.—Acting Ass't Surgeon H. M. Mixer, of the *Lexington*, Mississippi Squadron.

Acting Ass't Surgeon William S. Parker.

Acting Ass't Surgeon G. W. Marvin, of the *Miami*.

Appointment Revoked.—Acting Ass't Surgeon R. E. Woodward, of the *Com. Perry*.

ANSWERS TO CORRESPONDENTS.

☞ The following parties have small balances due them on account of books or instruments ordered. We credit these amounts on their "Reporter" accounts.

Drs. R. N. Patterson, I. Guss, W. L. Appley, Charles Kay, W. M. Goodwin, J. W. Bright, A. H. Agard, H. M. Schnetzler, J. F. Scott, M. Marbourg, Wm. Herbst, J. B. Goodenough, W. McKean, A. H. Hœrshner, E. Lewis, Lewis A. Sayre, B. F. Wilson, J. W. Luse, L. Southard, W. T. Ridenour, A. B. Vaughan, A. Berger.

MARRIED.

Baker—Strouse.—On the 2d inst., by Rev. W. I. Brugh, Mr. David B. Baker and Miss Sarah Ann, daughter of Dr. S. S. Strouse, all of Amity, Washington county, Pa.

Johnson—Crow.—On the 4th of March, at the residence of the bride's father, by Rev. J. R. Dundas, D.D., Dr. James L. Johnson, Surgeon in the Army of the Potomac, and Mrs. Maria Crow, of Winchester, Columbiana county, Ohio.

Mercer—Merrihew.—On the 16th instant, by the Rev. Mr. Reilly, at the residence of the bride's father, Robert P. Mercer, M. D., of Wilmington, and Miss Emma Merrihew, of Camden, N. J.

Wright—Bruner.—On Tuesday, 14th inst., at Columbia, Pa., by the Rev. John Cromlish, Mr. Samuel Wright, and Miss Ellen W. Bruner, daughter of Dr. D. I. Bruner.

DIED.

Comstock.—At Danbury, Conn., on Wednesday, March 15, Caroline B., daughter of the late Dr. Daniel Comstock, of Danbury Conn.

Sawyer.—In New York, suddenly, of diphtheria, on Monday March 20, Helen Hastings, daughter of Dr. S. J. and Helen A. Sawyer.

Seagrave.—In this city, on the 17th inst., of typhoid fever, Joseph S. Seagrave, M. D., in the 23d year of his age, late of Salem, N. J.

Shivers.—Suddenly, on Dec. 27th, 1864, at Thunderbolt, near Savannah, Georgia, Dr. James K. Shivers, United States Army, aged 41 years, late of Claymont, Delaware.

Turner.—On the 19th inst., at Todmorden, Nether Providence, Delaware county, Pa., in the 43d year of his age, Thomas Turner, M. D., late Resident Physician of King's County Hospital, Flatbush, New York.

Wilson.—Of typhus fever, on the 15th instant, at his residence, in Newark, Delaware, in the 59th year of his age, Thomas B. Wilson, M. D.

OBITUARY.

Thomas B. Wilson, M. D.

The Academy of Natural Sciences of Philadelphia having sustained a most serious loss in the death of its late distinguished President, Thomas B. Wilson, M. D.,

Resolved, That our late fellow-member, Dr. Thomas B. Wilson, is eminently entitled to be regarded as the most judicious and liberal patron of the zoological sciences that our country has yet produced, and that we have heard his death announced with sentiments of the most profound sorrow.

Resolved, That in his great abilities and vast scientific acquirements, as well as in all the relations of private life, we recognize in Dr. Wilson the character of a true man of genius, a thorough, earnest, and most conscientious cultivator and friend of the sciences, and a most valuable and patriotic citizen.

Resolved, That in the infancy of the study of the natural sciences in the United States, the gratuitous and ready aid afforded by Dr. Wilson contributed largely to that development of those sciences which now places this Academy in rank with similar institutions of the old world.

Resolved, That the liberality of Dr. Wilson to this Academy and the large facilities thereby provided for study and research, do fully entitle him to the unqualified gratitude, not only of our members, but of all students of th enatural sciences in this country, and that we are justified in regarding, and we sincerely recommend our successors as members of this Academy to regard his munificent and unparalleled coutributions to our library, and especially to onr museum, (nearly the whole of which we owe to his liberality), an honorable and perpetual monument to his zeal in behalf of natural sciences.

Resolved, That a copy of these resolutions be presented to each of the brothers and sisters of Dr. Wilson, and that they be published in the public journals of this city, and in the scientific journals of the United States.

METEOROLOGY.

March	13,	14,	15.	16,	17,	18,	19,
Wind	S. W.	S. E.	E.	S. W.	S. W.	S. W.	S. W.
Weather	Clear.	Clear.	Clear.	High Wind. Rain. 4-10	Clear.	Clear. High Wind.	Clear.
Depth Rain							
Thermometer.							
Minimum	33°	41°	52°	54°	38°	49°	31°
At 8 A. M.	52	48	56	60	45	53	43
At 12 M.	59	64	62	71	53	55	54
At 3 P. M.	62	67	64	71	56	57	56
Mean	51.50	55.	58.50	64.	48.	53.50	47.
Barometer.							
At 12 M.	30.3	30.5	30.3	30.1	30.1	30.2	30.4

Germantown, Pa. B. J. Leedom.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.
Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.
" VI. Nos. 18, 19, Aug. 3, 10, '61.
" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 9, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.
" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.
" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62; Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.
" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30, Feb. 13, March 12, May 21, '64.
" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct 22, 29, '64, Feb. 4, '65.